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Bib Data Sheet

CONFIRMATION NO. 8295

SERIAL NUMBER 10/728,531	FILING DATE 12/05/2003 RULE	CLASS 523	GROUP ART UNIT 1714	ATTORNEY DOCKET NO. P03396
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APPLICANTS

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 Edmond T. Quinn, Rochester, NY;

** CONTINUING DATA *****
 None

** FOREIGN APPLICATIONS *****
 None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature: *Jed B. Purn* Initials

ADDRESS
 23702
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TITLE
 Surface modification of contact lenses

FILING FEE RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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